



SHANNON

FAMILY LAW

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DIVORCE: NO CHILDREN |EXPANDED| QUESTIONNAIRE

Client Name: _____ **Date:** _____

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

It is imperative that you be **candid!**

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

[NOTICE OF CONFIDENTIALITY]

THE INFORMATION IN THIS DOCUMENT IS SUBJECT OF THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

DIVORCE INFORMATION

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

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QUESTIONNAIRE

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In addition, we need you to furnish AS SOON AS POSSIBLE copies of your income tax returns for the past two years, pay stubs for the last month, and any documentation you have regarding current debts and property.

1. Please give your full name, date and place of birth, and Social Security number.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

2. Where are you living now?

- a. Address: _____
- b. City, State, Zip: _____
County: _____

3. Please give your residence telephone number and any pager/cellular numbers. _____

- a. Please give your email address: _____
- b. Please provide us with your social media accounts:
Facebook _____ Twitter _____ Other _____

4. Please complete the following concerning your employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____



- f. Gross salary per month or annually: \$ _____
- g. Length of employment: _____
- h. Education: _____

5. Please give your spouse's full name, date and place of birth, and Social Security number.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

6. Please provide the following information about your spouse:

- a. Address: _____
City, State, Zip: _____
- b. Residence telephone number: _____
- c. Email: _____
- d. Social Media Accounts:
Facebook _____ Twitter _____ Other _____

7. Complete the following concerning your spouse's employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____
- f. Spouse's gross salary per month or annually: \$ _____



g. Length of spouse's employment: _____

h. Education of spouse: _____

8. Please give the date and place of your marriage.

Date: _____ City: _____ State: _____

9. Please give *full* name, date and place of birth, sex, Social Security number, and driver's license number of each, if any, adult child of this marriage.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

10. Are you now separated from your spouse? YES [] or NO []

Are you separated but living under the same roof? YES [] or NO []

If so, give date of separation: _____

11. Have you seen any marriage counselor or therapist? _____

If so, give name and dates _____

12. What is your religious preference? _____



What is your spouse's religious preference? _____

13. Check as appropriate if your marital difficulties involve any of the following:

Drugs

Alcohol

Physical violence

Protective Order Filed

Criminal Charge Filed

Details (date(s), court(s), person charged):

Sexual Disappointment

Religion

Sexual Infidelity

Incompatibility

Financial Disputes

Other: _____

14. How long have you lived in Texas? _____

15. What county do you reside in? _____

16. How long have you resided in that county? _____

17. Have you or your spouse ever filed for a divorce? _____

If so, when and where? _____

18. Does your spouse now have an attorney? _____

If so, whom? _____

19. Have you been married before? YES [] or NO [] If so, how many times? ____

Do you have children by a previous relationship? YES [] or NO []

If so, give full name, date and place of birth, and sex of each child of your previous relationships.

A. NAME: _____

SEX: _____

BIRTHPLACE: _____

BIRTHDATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____



B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside? _____

20. Has your spouse been married before? YES [] or NO []
If so, how many times? _____
Do they have children by a previous relationship? YES [] or NO []
If so, give full name, date and place of birth, and sex of each child of your previous relationships.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside? _____

21. If a divorce is granted, should the wife's maiden or prior name be restored? __
If so, what name should be used? _____

SUMMARY OF PROPERTY

[Real Estate]

1. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____



2. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____

3. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____

SUMMARY OF PROPERTY
|Motor Vehicles, Boats, Airplanes, Cycles, Trailers|

1. Year: _____ Model: _____
Vehicle identification number: _____
Who drives? _____
Mortgage with: _____ Monthly payment: _____

2. Year: _____ Model: _____
Vehicle identification number: _____
Who drives? _____
Mortgage with: _____ Monthly payment: _____

3. Year: _____ Model: _____
Vehicle identification number: _____
Who drives? _____
Mortgage with: _____ Monthly payment: _____

4. Year: _____ Model: _____
Vehicle identification number: _____
Who drives? _____
Mortgage with: _____ Monthly payment: _____

SUMMARY OF PROPERTY
|Accounts, C.D.s, Credit Unions, Bonds|

1. Name of bank: _____
Account number: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____

2. Name of bank: _____
Account number: _____



Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____

3. Name of bank: _____
Account number: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____

4. Name of bank: _____
Account number: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____

SUMMARY OF PROPERTY |Life Insurance|

1. Name of company: _____
Insuring Life of: _____

2. Name of company: _____
Insuring life of: _____

3. Name of company: _____
Insuring life of: _____

Stocks, Mutual Funds:

1. Name of stock: _____
Estimated amount invested: \$ _____

2. Name of stock: _____
Estimated amount invested: \$ _____

3. Name of stock: _____
Estimated amount invested: _____

SUMMARY OF PROPERTY |Retirement, Pensions, Company Benefits|

1. Do you participate in any retirement plan? _____



- Does your spouse participate in any plan? _____
2. Do you participate in any company savings plan? _____
 If so, how much do you have in that savings plan? \$ _____
3. Does your spouse participate in any company savings plan? _____
 If so, how much does your spouse have in that savings plan? \$ _____

SUMMARY OF PROPERTY
[Closely Held Businesses]

1. Name of company: _____
2. Form of business (Check one):
 Corporation
 Limited Liability Company
 General Partnership
 Limited Liability Partnership
 Professional Corporation
 Other
3. Estimated value of closely held business: _____.
4. Is valuation of business disputed? Yes [] or No []
[Attach additional sheets if you have ownership in more than one closely held business.]
5. Does anyone owe you or your spouse any money? YES [] or NO []
 If so, how much? \$ _____
 Owed by whom? _____
6. Are you involved in any lawsuits? YES [] or NO [] _____
 If so, explain. _____
7. Do you own any livestock or mineral interests?



8. Do you belong to any clubs with an equity interest? YES [] or NO []
If so, where?

SUMMARY OF PROPERTY
|Debts (Other than House/Auto)|

	CREDITOR	AMOUNT OWED
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

SUMMARY OF PROPERTY
|Income Tax|

Have you filed for all previous years? _____

Prepared by whom? _____

Amount of last refund, if any \$ _____

Have you or your spouse sold a home within the last two years? _____
If so, was any profit claimed as income in your income tax return? _____

SUMMARY OF PROPERTY
|Separate Property|

1. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? YES [] or NO []
If so, detail your separate property: _____
2. Does your spouse own any separate property? YES [] or NO []
If so, detail the separate property: _____

Last Will & Testament

1. Do you have a will? YES [] or NO []

If so, prepared by whom? _____

2. Does your spouse have a will? YES [] or NO []

If so, prepared by whom? _____



Your Monthly Income & Expenses

**Assuming you are living separate and apart from your spouse.
If you are separated, but living under the same roof, then divide the household living expenses 50% for each.**

COMPLETE THE FOLLOWING TO THE BEST OF YOUR ABILITY.

(A) GROSS MONEY YOU HAVE EARNED PER MONTH:

Gross Wages and Salary Income Description: _____	\$ _____
Commissions, Tips and Bonuses Description: _____	\$ _____
Self-Employment Income (Net of expenses other than depreciation and tax credits.) Description: _____	\$ _____
Rental Income (Net of expenses other than depreciation.) Description: _____	\$ _____
All other income actually received Specify: _____	\$ _____

(B) ACTUAL DEDUCTIONS PER MONTH - Attach the last month's pay stubs from each employer.

- | | | |
|-----|------------------------|----------|
| (1) | Income tax withholding | \$ _____ |
| (2) | FICA (Social Security) | \$ _____ |
| (3) | Health Insurance | \$ _____ |
| (4) | Union dues | \$ _____ |
| (5) | Other (specify): | |
| | Medicare | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |

TOTAL ACTUAL DEDUCTIONS PER MONTH \$ _____ (B)

**(C) NET MONEY ACTUALLY RECEIVED PER MONTH.
SUBTRACT (B) FROM (A) \$ _____ (C)**



(D) TOTAL MONEY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) LIVING WITH ME. For items which are not paid monthly, express the amount as a monthly average.

- (1) Rent or house payment \$ _____
- (2) Real property taxes (omit if part of house payment) \$ _____
- (3) Residence maint. (repairs, yard) \$ _____
- (4) Insurance - home or renters (omit if part of house payment) \$ _____
- (5) Utilities - Gas \$ _____
- (6) Utilities - Electric and water \$ _____
- (7) Telephone (incl. avg. long dist.) \$ _____
- (8) Utilities - Garbage Service \$ _____
- (9) Groceries and household items \$ _____
- (10) Meals away from home \$ _____
- (11) School lunches \$ _____
- (12) Dental and orthodontia \$ _____
- (13) Medical and prescriptions \$ _____
- (14) Laundry and dry cleaning \$ _____
- (15) Car payment \$ _____
- (16) Gas and vehicle maintenance \$ _____
- (17) Clothing and shoes \$ _____
- (18) Insurance - Car \$ _____
- (19) Insurance - Life \$ _____
- (20) Insurance - Health (omit if payroll deduction) \$ _____
- (21) Child care \$ _____
- (22) Children's activities \$ _____
- (23) Entertainment \$ _____
- (24) Haircuts \$ _____
- (25) Cable TV and newspaper \$ _____
- (26) Total monthly payments on debts (list below at E and only show total here) \$ _____
- (27) Support or alimony payments to other persons \$ _____
- (28) Other (specify) \$ _____

TOTAL MONEY NEEDED PER MONTH \$ _____(D)



(E) TOTAL MONTHLY PAYMENTS ON DEBTS:

Description of Debt	Balance Now owed	Date of Final Payment	Amount of Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MONTHLY PAYMENTS ON DEBTS \$ _____

**(F) DIFFERENCE BETWEEN MONEY EARNED AND MONEY NEEDED.
SUBTRACT (D) FROM (A)**

\$ _____

